

Ruth Adewuya, MD (host):

Welcome to Stanford Medcast, the podcast from Stanford CME that brings you the latest insights from the world's leading physicians and scientists. If you're joining us for the first time, be sure to subscribe on Apple Podcasts, Amazon Music, Spotify, or YouTube to stay updated with our newest episodes. I am your host, Dr. Ruth Adewuya. Today I will be chatting with Clair Kuriakose, who is a distinguished healthcare leader with extensive experience in managing advanced practice providers and driving performance improvement initiatives. She currently serves as the inaugural Chief Advanced Practice Officer at Stanford Healthcare, where she oversees strategic initiatives for APPs including nurse practitioners, physician assistants, clinical nurse specialists, and certified registered nurse anesthetists.

With a clinical background in pediatric surgery and a Lean Six Sigma black belt, Clair has shown a proven track record in implementing lean management principles to enhance operational efficiency and improve patient outcomes. A graduate of St. John's University with a physician assistant certification, Clair also holds an MBA from the University of Houston's College of Business and is recognized as a fellow of the American College of Healthcare Executives. Recently honored as one of modern healthcare's top 25 emerging leaders, Clair is celebrated for her innovative approach to healthcare leadership and her commitment to improving the patient care experience. Clair, thank you so much for chatting with me today on the podcast.

Clair Kuriakose, PA-C, FACHE (guest speaker):

Thank you, Ruth. Really appreciate this time to chat with you as well.

Ruth Adewuya, MD (host):

You have had such a unique career journey in healthcare, blending clinical expertise with leadership and management skills. Could you start by sharing your career path and what initially drew you to healthcare leadership?

Clair Kuriakose, PA-C, FACHE (guest speaker):

I started my career as a PA in pediatric surgery. Back in those days there weren't that many advanced practice providers, so I was the first PA to join my surgical team. I had the opportunity to clarify the role of what does a PA do? How do you utilize advanced practice providers in your care team? It was challenging because I was still figuring that out myself as a new grad PA. But drawing on my experiences from my clinical rotation allowed me to say, "This is how I could be integrated into the care team." By doing that, I had informal opportunities where I was asked to join different committees and task forces.

Through those opportunities and the exposure that I had with these different projects, it sparked excitement for me to say I could enjoy my one-on-one interaction with the patient, but through some of these administrative or leadership initiatives that I got to be part of, I could improve patient care at scale. For me to transition to a leadership or administrative role, I knew I had some gaps. I looked for opportunities by pursuing an MBA, I did some certifications in Lean Six Sigma, again, to just give me that business acumen that I knew I didn't have coming off of PA schools. In my current role, I lead advanced practice providers. That was like a match made in heaven, finding a leadership role that looked for an advanced practice provider, but then also this interest in administration and performance management.

Ruth Adewuya, MD (host):

Thank you for providing an overview of your career journey. It truly demonstrates the value of combining clinical expertise with leadership. I heard you talk about the trainings that you took to equip you to navigate this transition. It's also interesting to reflect on the mindset shifts that are required when one moves from individual patient care to influencing systems and teams at a leadership level. And that

transition can be quite challenging for many clinicians. Which leads me to my next question related to that, how did you personally navigate that shift from a purely clinical role to a management focused one?

Clair Kuriakose, PA-C, FACHE (guest speaker):

I think it's an important question as clinicians think through if this is a path for them. Just because you're a really great clinician, it doesn't mean that you may have the skill sets that you need for a leader or administrator. We have our clinical expertise and then there are leadership in healthcare administrative competencies. Acknowledging that, for me, that's why I took on and recognizing these are some of the gap, this is where I could strengthen my healthcare knowledge by understanding what happens on the payer side. As a PA, when I did step one, recognizing this is what I wanted to do, it was really challenging. There weren't that many leadership opportunities that recognized PAs as someone who can be qualified for the role.

There were many nursing leadership roles or physician leadership roles and so it was a little discouraging. I knocked on so many doors looking at clinic manager roles, performance improvement, quality improvement roles, and I think it was the universe telling me, "Hey, we need to look at how to diversify your experiences so I could be considered more eligible and qualified." It pushed me to go and diversify those experiences and enrich my resume so folks could see me as a qualified clinician who could lead. I'm grateful that it pushed me at that time to go do those things, but I am hopeful that now in this day and age, these are more recognized in understanding the clinical role that PAs have. I hope that PAs don't have the same challenges I did back then. But needless to say, it helped me to be where I am today.

Ruth Adewuya, MD (host):

What I'm hearing you say is that you had to do a lot of intentional reflection and growth, seeking out how to learn either new leadership competencies or skills that were beyond your clinical education. For clinicians who are listening, who might be considering a similar path, what advice would you give them as they think about making this kind of career transition?

Clair Kuriakose, PA-C, FACHE (guest speaker):

One of the things that I learned during this process was that I almost was waiting for a formal title or permission to be a leader. My advice, if you think this is something that you want to do as a clinician, we're already leaders. As clinicians, we lead our patient care teams, our patients look to us, other care team members look to us as providers. Leveraging your own clinical leadership and thinking about how you don't need a formal title to lead. Find that passion that you have, if it's quality improvement, if you want to improve patient outcomes, if you want to improve patient efficiency, who else better than a clinician with that expertise? Let's not wait for a formal title, raise your hand, volunteer on informal committees or task forces where you could start doing some of that work and see, first of all, if you really like it. And two, just start offering your expertise and people will ask you to be at the table.

Ruth Adewuya, MD (host):

That is not only practical, but empowering advice for folks because it's clear that clinicians have so much to offer in formal or informal leadership roles. But it's also important to identify how their own unique skill set can align with the broader goals of the organization and stepping up to fill in those places is what leadership is all about. I want to shift a little bit to talk about balancing clinical knowledge and leadership objectives. In your experience, how does the need to balance clinical knowledge with leadership goals impact decision-making and ultimately patient care?

Clair Kuriakose, PA-C, FACHE (guest speaker):

As frontline providers, we understand the workflows, how things get delivered to patient care and how patients visualize a change in the system or that interaction. So there's no one better who can influence and make decisions with that understanding. I mean, how powerful is that? It's almost a superpower to have the understanding of how clinical interaction works and then being able to make system level improvements and changes knowing that. To me, I think having a clinician in a leadership role is an amazing strength that brings into the entire leadership team diversifies the expertise of that executive team leading the organization.

But like I said earlier, even then for clinicians, there could be other gaps, but you build on those knowledge gaps. Relying on the partnerships having creating dyadic leadership styles where there's an administrator and a clinician working closely together to impact whatever changes you're making in the organization. That's when I believe that you're really able to leverage each individual's superpower and make informed decisions without breaking anything. Just leaning into that to close the gaps and making sure the changes and initiatives that organizations are leading are meaningful and making a positive impact on patient care.

Ruth Adewuya, MD (host):

You bring up a great point about the balance between how leadership roles in healthcare are not just about operational efficiency, but really staying connected to the impact on patient outcomes and ensuring that you have both of those voices represented. When you are making decisions as a leader and in your current role, do you rely on any particular decision-making framework or set of principles to guide you when you're making tough decisions that impact clinical staff and patient outcomes?

Clair Kuriakose, PA-C, FACHE (guest speaker):

One framework that I talk about with my teams is the Quintuple Aim. We have this charge as clinicians to improve clinical outcomes, to improve patient experience, but also improve clinician being. We're being charged to do that along with improving health equity and creating a sustainable financial model. I love this framework because it speaks to everyone. It speaks to patients. Why are we all clinicians? We're here to serve patients. So we want better outcomes, we want our patients to have a positive experience as they're getting care. So I think that really speaks to both the patient and the provider and clinician being.

This is saying that the workforce that provides the care for our patients needs to be taken care of as well. Again, bringing administration and clinicians together by saying we have to take care of those people. And then recognizing that the creating a sustainable financial model is important to be able to continue providing that amazing care for our patients along with health equities. The Quintuple Aim allows me to frame my decision-making, deliver the message and connect with clinicians and other team members to say, "Look, this is how it's making a meaningful impact on patients." Connecting it back to the framework helps better implement the messaging.

Ruth Adewuya, MD (host):

I appreciate how you use the Quintuple Aim as a decision-making framework. But if I can push in a little bit on that, how do you ensure that this framework is not only a guiding principle but actively shapes the culture in your daily decision-making?

Clair Kuriakose, PA-C, FACHE (guest speaker):

Organizations have different ways of taking this big Quintuple Aim and executing it in their organization. Many have strategic plans that may be spread over one to three years. They all somewhat have the same thing on there, quality and safety, patient access, efficiency, wellness and engagement, because that's a huge part of the workforce strategy. So the principles from the Quintuple Aim is what I find in many organizations operational plans. And that allows leaders and clinicians within an organization to know

how are things prioritized for that organization for that specific year. Taking that big Quintuple Aim and then applying it to the operational plan, creating vision of what this next year looks like, here are the priorities, and then informing and socializing that plan.

Ruth Adewuya, MD (host):

Thanks for that additional insight. In your role, you are quite aware of how the healthcare industry and how healthcare organizations shift so rapidly and face uncertainty. What leadership qualities do you believe are essential for clinicians to thrive in this environment?

Clair Kuriakose, PA-C, FACHE (guest speaker):

The top three that come to my mind is number one, being goal-driven. It's easy to not know which problem you're solving. You have to understand, one, what is the problem and then therefore what are the outcomes you're expecting? As a leader, we have to take a step back and think about the overall impact. So I would say being goal and outcome-driven is a wonderful skillset to have. Number two is ability to influence. Leadership is not about authority, it's about influence. Bring people along, make it their idea, get their involvement so they're excited about it. And last, communication. When we say communication, it's not just about what you say and how you say it, sometimes it's about how you listen so you can communicate effectively. These three stand out to me to be effective and gain the trust of the teams that you're working with to hopefully make an impact.

Ruth Adewuya, MD (host):

You highlighted some important attributes that would really be helpful in the dynamic field that we are in healthcare. I loved how you highlighted communication and not just the ability to speak well, but the component of listening, which as you mentioned, is really the more important part of communication that we often miss. And how all of the three qualities play a significant role in unifying diverse teams, developing skills in other people and can really help with the clinicians transitioning into leadership roles. One of the things that I imagine you face all the time being an administrator but also working with a lot of clinicians is the fact that you might come from a different mindset. How do you bridge the gap and encourage a balanced perspective considering patient care and operational efficiency?

Clair Kuriakose, PA-C, FACHE (guest speaker):

It goes back to leveraging individual expertise. Oftentimes how you see this played out is having formal dyadic leadership structures or sometimes even triads, whether it's an administrator and a physician or administrator and a nurse, administrator and advanced practice provider. Finding the ways to have a leadership structure that is informed well enough to make adequate, appropriate and safe decisions that impact patient care. It is about leaning into those relationships even if it doesn't formally exist, knowing when to bring those people to the table. Oftentimes we have to recognize that the healthcare landscape has changed, it's really more an interprofessional environment. Think about the various clinical disciplines that need to be voiced. Leaning on those experts and bringing them to the table as needed is an important part of balancing those challenges.

Ruth Adewuya, MD (host):

I want to make sure that we spend some time talking specifically about advanced practice providers. Advanced practice providers often have unique roles within clinical teams. What unique perspectives and values do advanced practice providers bring to patient care? And what direction do you see the role heading?

Clair Kuriakose, PA-C, FACHE (guest speaker):

I go back to the Quintuple Aim. It's about improving patient outcomes. It's about improving patient experience. And to me that's access. That is being able to reach and give our patients the best care that they need in a timely fashion. And also the other elements of health equity and financial sustainability and clinician being. I also feel like advanced practice providers have the ability to work in these remote settings and help our provider reach health disparities that are happening in our communities. Advanced practice providers are growing and they're a huge complement to the provider workforce so we can continue enriching and providing the best care for our patients.

I also think it's really awesome to see, there's many studies out there that highlight how having an advanced practice provider in your team has improved physician well-being. It's this evolution of healthcare changing from this doctor-nurse model to truly a team-based care model and you get to share the burden with other interprofessional team members. And that itself is beautiful and really recognizing that as a team we can achieve so much more. I think the Bureau of Labor and Statistics actually predicts about a 45% growth of NPs and 25% growth of PAs, somewhere around that ballpark, in the next 10 years. So it's a rapidly growing workforce. Organizations are recognizing the value that APPs bring. It's just this evolution of healthcare and where we're headed and I think as we're just seeing this larger rapid growth of APPs within the systems and healthcare teams.

Ruth Adewuya, MD (host):

Evolution that you described is really exciting, particularly as APPs take on these expanded clinical roles. And also thinking about their ability to bridge gaps between disciplines and be relevant towards the healthcare landscape as it continues to evolve. I'm curious though about managing and aligning these roles with broader healthcare organizational goals because I imagine that it requires a nuanced approach. How do you approach the management of APPs, particularly when you're trying to align their clinical strengths with organizational growth?

Clair Kuriakose, PA-C, FACHE (guest speaker):

I'm so glad you asked, Ruth, because I think that is a question that I would encourage organizations ask. This is a rapidly growing workforce and we all need to evaluate, are we set up for this workforce to continue growing and being successful within your systems? Many of our systems and leadership structures are built based on our understanding of what the provider workforce looked like ages ago. You do have to be more intentional about the structures that you need in a healthcare organization to support this rapidly growing workforce. Otherwise, you're going to have the same problem, burnout, turnover, challenges in meeting access if we're not appropriately utilizing the roles. All of the functions that the advanced practice provider role is meant to solve for cannot even happen if we don't utilize or understand the role appropriately.

How is an organization or a team structured to help provide the support they need for this new workforce that's rapidly growing within healthcare teams? Top of licensure practice goes back to really, and end role, we have to be intentional in finding that exact unique role that APPs play within the healthcare team. Encourage organization leaders to do that so they can create a professionally fulfilling environment that has a strong APP workforce that is meeting then your organizational goals of improving access, complementing team-based care to improve patient experience, working collaboratively with our physician colleagues to make sure you're delivering the best collaborative care for your patients.

Ruth Adewuya, MD (host):

We are fortunate at Stanford that we have someone like you as a chief advanced practice officer. Not a lot of organizations have the same role. I do know that a lot of organizations are doing the hard work of trying to set up a formal structure for leadership for APPs in their organizations. If we use Stanford as a

case study to reflect on these three important things, how are we handling the issue of aligning APPs with organizational goals?

Clair Kuriakose, PA-C, FACHE (guest speaker):

I think we have done an incredible job in the last 10 years, I would say, in being more intentional about advanced practice. Let me just start with, it wasn't always like that. I will say back in 2017, our turnover rate for our advanced practice providers was at 18%. Well above the national turnover at that time of 12%. So here we were hiring and growing. It's not good for the people who leave, it's not good for the people who end up staying because they're training folks again. We knew we were doing something uniquely wrong at Stanford when it came to advanced practice providers and that's when we decided we have to stop this. We were able to identify the key drivers that drove burnout and could drive fulfillment for APPs. That's where we found role clarity, top of licensure practice and leadership structure and support being critical elements that improve AP practice.

In the last seven years, that's exactly what we've been doing. We've been chipping away at creating AP leads, AP managers, AP directors. And just about two years ago is when we embarked on this new inaugural role that I'm in to have a chief advanced practice officer. Today our turnover, we've actually dropped it all the way to 8% during the pandemic when turnover was high, around 10. Now well below the national average, which is some things we're proud of. I think organizations are in different phases of integrating advanced practice into their structures and we can all learn from each other, thinking about how to share best practices, learn from each other so we can continue elevating the role of APPs in an organization to ultimately meet the organization's goals, best patient care.

Ruth Adewuya, MD (host):

Thank you for elaborating on that and sharing what we are doing here at our institution, fully recognizing that there's always room to improve. I imagine for the organization and for you when that alignment is happening, it must be so rewarding. Not only because you see the results in terms of better patient outcomes, but also in staff engagement. What are some of the strategies that you have utilized to empower APPs to adapt to some of the changes that you've made here at Stanford over the past 10 years?

Clair Kuriakose, PA-C, FACHE (guest speaker):

One of our key drivers to that is our shared leadership strategy. It's a council that we have where frontline APPs come together to identify a problem that they would like to solve, then figuring out how they would like to solve it. Engaging our clinical teams and clinical experts to say, where do we want to focus our energy on and how we improve professional practice and professional development, leveraging their expertise? This shared leadership structure is something that we've adopted from the Magnet philosophy. It's a really prominent framework in professional excellence and nursing practice. And we've translated that to our PAs and APRNs. They've developed programs that directly support APPs today.

One that I will share is our APP mentorship program. When we were seeing that turnover rate of 18%, we also noted that most of that turnover was happening in the first year of an APP being in our organization. The council and the committees came together to say, "Let's develop a mentorship program meant to support APPs with less than three years of experience to help them transition to their APP roles." This is a program that has been so successful in implementing and helping apps transition to practice and it came out of shared leadership. That's just a great example of how powerful shared leadership could be. That has been our engagement source in driving turnover and improving retention in our organization.

Ruth Adewuya, MD (host):

It's great to hear how the Shared Leadership Council has fostered the sense of ownership and community that APPs have and how this mentorship can support not only professional growth, but also adaptability.

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As we wrap up our time together, I'd love to hear from you what trends in healthcare leadership that clinicians, especially those who are aspiring to leadership roles, should be aware of.

Clair Kuriakose, PA-C, FACHE (guest speaker):

One of the major trends in healthcare that we're seeing is the fiscal responsibility and fiscal pressures on healthcare organizations. When there's this shift to value-based care where our payment models are changing in many organizations, and as clinicians we have the clinical knowledge to be experts in that space and looking at utilization review. What are the optimal medications that we should be using? Right now with the IV fluid shortage, many organizations are facing challenges here and guess who's helping to solve these problems? It's our clinicians. Thinking about just creative ways of being able to save our fluids. Similar to that, clinicians have the ability to think more fiscally as well, whether it's in their practice or partnering with their administrative leader. Let's embrace that healthcare trend that we're seeing. I think as clinicians, we can provide such creative and invaluable ideas to help solve with our administrators.

The second piece that I thought I'd mention is the leadership landscape in healthcare. We are seeing more clinicians in formal administrative leadership roles, which is amazing to see. We talked a little bit about even advanced practice and how we're seeing more leadership structures. SullivanCotter has a survey that highlights that 65% of organizations have formal APP leadership structures, as an example, and in fact, 82% of academic medical centers shows that 82% of AMCs also have APP leadership structures. So I just bring that up to say that we are seeing more and more physicians and advanced practice providers in leadership roles. We do have to think about how we continue to educate our team members to ensure that they have the training and the resources that they need to be successful in those roles. We have to find those resources to help bridge the gaps that we may have to help us get there.

Ruth Adewuya, MD (host):

That's a wonderful place to end our conversation. I know we could continue talking. But I want to thank you so much for sharing all of your insights. And I want to end where we started with your story. Your story is a wonderful example of an APP's journey and the importance of taking time to be intentional to reflect on what your strengths are and what your needs are. And to seek training resources and whatever you might need to equip yourself to be a leader within this healthcare landscape. This has been great. Thank you.

Clair Kuriakose, PA-C, FACHE (guest speaker):

Thank you, Ruth.

Ruth Adewuya, MD (host):

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